

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033753

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1036

STATE FILE NUMBER

FILED SEP 17 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Joseph		c. CITY OR TOWN Kansas City	
Length of stay in 1b 1 month		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		d. STREET ADDRESS (If outside, give location) 3200 Norledge	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) SAM		First BELLO		Last		4. DATE OF DEATH Sept. 11 1962		Month 11 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 1, 1892	9. AGE (last birthday) 70	10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Singer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME (Unknown)			13b. MOTHER'S MAIDEN NAME (Unknown)			14. NAME OF HUSBAND OR WIFE Christino Bello				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			17. INFORMANT Records, State Hospital, St. Joseph			Address				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease		INTERVAL BETWEEN ONSET AND DEATH years	
DUE TO (b) C.B.S. assoc. with cerebral & general			
DUE TO (c) arteriosclerosis			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kansas City	
COUNTY Missouri		STATE	

21. I attended the deceased from Never saw , to 11:55 p and last saw her alive on 11:55 p	
Death occurred at 11:55 p on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Mohammed Tahir M.D.	(Degree or title)	22b. ADDRESS State Hospital #2, St. Joseph	22c. DATE SIGNED 9/12/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial	23b. DATE Sept. 15, 1962	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR Muehlebach Funeral Home	DATE REC'D. BY LOCAL REG. Sept 12, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

M. Tahir, M.D.

VS 300
Rev. 4/59

15117

23198

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9/200B

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SEP 18 1962

SEP 28 1962

Permit issued 9/12/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.